

RETURN COMPLETED FORM TO:

DEPARTMENT OF THE INTERIOR
AVIATION MANAGEMENT
300 E. MALLARD DRIVE, SUITE 200
BOISE, IDAHO 83706-3991

Fax 208-433-5030 - Questions, call 208-433-5026

EVALUATION REPORT ON
CONTRACTOR PERFORMANCE
(ACETA ONLY)

SOURCE SELECTION INFORMATION

NOT FOR PUBLIC RELEASE (see FAR 3.104 & 42.1503)

INSTRUCTIONS:

If you have excel, this form may be copied and filled in on the computer or a blank form can be printed and filled in by hand.

Use the mouse to navigate. To check or uncheck a box, left 'click' the box. Comment boxes are formatted to automatically wrap the entered text.

Check the box that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate

either very high or very low ratings. If additional space is needed, use page 2 of the form or attach additional page(s). N/A means not applicable

A copy of this report may be used in future evaluations of the Contractor's past performance and is provided to the Contractor (without your identity)


BUREAU/USER		CONTRACT NO.	
ADDRESS		CONTRACTOR	
CITY/STATE/ZIP		PLANNED USE PERIOD	
REPRESENTATIVE ON SITE		WORK LOCATION	

CHECK ALL THAT APPLY ☐ Net Gun Capture ☐ Dart ☐ Relocation ☐ Attach radio collar ☐ Collect blood samples ☐ Other, explain

1a. Target # of animals to be captured/processed		1b. Actual # of animals captured/processed	
1c. Actual period of performance		1d. Actual flight time required to accomplish project	
1e. # of animals injured		1f. # of animals requiring euthanasia	
1g. # of humans injured			
1h. Payment Method (check one)	<input type="checkbox"/> Per animal <input type="checkbox"/> Hourly flight rate plus per animal fee <input type="checkbox"/> Hourly flight rate only <input type="checkbox"/> Per animal plus hourly flight rate when transporting Government passenger		
1i. Were Government employees utilized in the capture	<input type="checkbox"/> N/A <input type="checkbox"/> Net Gunner <input type="checkbox"/> Animal Handler <input type="checkbox"/> On ground animal processor		
1j. Were there any aircraft incidents/accidents, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes		
1k. Was a Safecom submitted	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Briefly explain:

2. Did the Contractor commit adequate resources in a timely fashion to meet the project requirements. (replacement equipment if needed; financial resources to purchase fuel, lodging; necessary tools as required, shackles, blindfolds; animal handlers, etc.)

Provided insufficient resources	N/A	1	2	3	4	5	6	7	Provided abundant resources
Comments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





3. Were Contractor's representatives sensitive to the nature and rationale for the capture project

Lacked sensitivity	N/A	1	2	3	4	5	6	7	Extremely sensitive
Comments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Contractor's representative(s) demonstrated knowledge of wildlife species and biological processes to be accomplished with efficient animal handling and well-being addressed as desired by the user

Lacked knowledge and concern for animals with inefficient handling	N/A	1	2	3	4	5	6	7	Very knowledgeable and concerned for animals with very efficient animal handling
Comments 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Contractor's adherence to contract and project technical requirements; i.e. pilot flight and duty limitations, use of PPE, correct fueling procedures, accomplishment of all required biological samplings, etc.

Contract/project technical adherence did not exist Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Contract/project technical adherence could not have been any better
6. Contractor and Contractor's representatives attitude and efforts toward aircraft safety									
Safety compromises in orientation and/or actions Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Extremely safety oriented and actions demonstrated same
7. Pilot and net gunner/darter level of expertise in locating and subsequently capturing target animals)									
Low level of expertise demonstrated Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Extremely high level of expertise demonstrated
8. Contractor's overall performance and quality of service provided									
Poor quality of service and performance Comments 	N/A <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Extremely high quality of service and performance
9. If given the opportunity, would you hire this Contractor again to accomplish a capture project? <input type="checkbox"/> YES <input type="checkbox"/> NO									
10. If you were dissatisfied with any aspects of the work done, was this discussed with Contractor's on-site representatives? <input type="checkbox"/> YES <input type="checkbox"/> NO, briefly explain below why not									
Include any additional comments here									
Name and Title of Individual Completing this Form									
Signature		Telephone Number				Date			